



**STATE OF TENNESSEE
ALCOHOLIC BEVERAGE COMMISSION**

Davy Crockett Tower
500 James Robertson Parkway, 3rd Floor
Nashville, TN 37243
615-741-1602

www.tn.gov/abc

4420 Whittle Springs Road
Knoxville, TN 37917
865-594-6342

170 North Main, 11th Floor
Memphis, TN 38103-1877
901-543-7284

540 McCallie Avenue, Suite 341
Chattanooga, TN 37402-2055
423-634-6434



Business Check, Money Order or Cashiers Check ONLY

APPLICATION FEE
NON-REFUNDABLE

**APPLICATION FOR PERMIT TO SELL
ALCOHOLIC BEVERAGES**

ALL signature spaces MUST
be signed and notarized.

RETAIL PACKAGE STORE

Date: _____, 20 _____

Name of Corp./LLC/LP, SP, etc.: _____

hereby make application for a permit to sell alcoholic beverages at the following location.

Doing Business As: _____

Business Address: _____ Business Tel () _____ Fax: () _____

City: _____ State _____ Zip Code: _____ County: _____

Mailing Address (if different from Business Address) _____
Street Address City State Zip

Email Address: _____ Web-Site Address: _____

1. Have you and all partners (if any) been legal residents of the State of Tennessee for at least the preceding two years?

2. Are you and all partners (if any) United States Citizens? _____ All applicants must complete Form AB-0116 – Declaration of Citizenship.
3. Do you hold a public office (either appointive or elective), or are you a public employee (either National, State, City or County)? _____
4. Have you, partners, or any other person having any kind of interest in your business ever been convicted of any criminal offense under the laws of the State of Tennessee or of any other State or of the United States? If yes, please specify

5. Have you, partners, or any other person having any kind of interest in this business ever been convicted of any offense under the laws of the State of Tennessee, or of any other State or of the United States prohibiting, or regulating the sale, possession, transportation, storing, manufacturing or otherwise handling intoxicating liquors within ten (10) years preceding the date of this application? _____ If yes, please explain on an additional sheet of paper and attach.
6. Have you or your partners (if any) ever been cited to appear before the Commissioner of Revenue or the Tennessee Alcoholic Beverage Commission and charged with a violation of the law or rules and regulations made pursuant to law?

7. In whose name is the Alcohol Dealer Registration (TTB F 5630.5d) as a retail liquor dealer issued at this location?

8. Give the names and addresses of persons related to you by blood, marriage, or otherwise who own, operate, or have any interest either in a licensed Retail Store, Wholesale Distributor, Distillery, Supplier or Liquor-By-The-Drink establishment? _____

9. Give the names and addresses of all persons other than those shown on this application who have any kind of interest, financial, stock ownership, loans, gifts, or securing loans, or otherwise, made for carrying on said business: _____

10. Give the names and addresses of all persons other than those shown on the application who share in the profits from this business and state their interest: _____

11. Give the name and address of the owner of the premises on which the business is to be located and the amount of the rental, if any. Also submit a copy of any lease agreement which has or may be entered into for this business. _____

12. Do you sub-lease or allow anyone to occupy any of the space covered in this lease? _____
If so, state the name of the person and the type of business being operated. _____

13. Who will be in active control in the management of this business? _____

14. Give the name and address of any other business in which you or your partners, if any, are actively engaged.

15. Do you employ some person not otherwise connected with your store to keep your books? _____
If the answer is yes, give name and address of person. _____

16. Do you agree to accept full responsibility for the action of any member of the partnership or any person employed by you in the conduct of your business? _____
17. If this is an application for a renewal license, state whether you received any additional or new financial assistance, loans, or otherwise, during the previous year? _____
18. If the answer to question 17 is "yes", state all facts and details in connection with said financial assistance, loans, etc.

19. If you are indebted to the State of Tennessee for any tax, state the tax and amount. _____

20. Furnish Tennessee Sales Tax Registration Number _____
21. Give name and address of any relative employed by the Tennessee Alcoholic Beverage Commission _____

All data, written statements, affidavits, evidence or other documents submitted in support hereof, or upon bearing hereon, shall be deemed to be a part of this application.

The applicant or applicants agrees that the place for which application is made will be operated in conformity with Chapter 257, Public Acts of 1963, and in conformity with all applicable rules and regulations made pursuant to law, which are now, or may hereafter be, in force.

WARNING: “YOUR STATEMENT IS MADE UNDER OATH OR AFFIRMATION. PROVIDING OR INCOMPLETE INFORMATION ARE GROUNDS FOR REJECTION OF APPLICATION OR SUSPENSION OR REVOCATION OF PERMIT IF ISSUED. FALSE STATEMENTS OR INCOMPLETE INFORMATION ARE ALSO SUBJECT TO THE PENALTIES OF PERJURY UNDER TENNESSEE LAW”

* “THE ACCEPTANCE OF FEES DOES NOT GUARANTEE THE ISSUANCE OF A LICENSE OR PERMIT” *

Application authorized by _____
Print Name, Owner of Establishment

SIGNATURE, Owner of Establishment

Print Name, Applicant

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____ 20 _____

My Commission Expires _____
Notary Seal _____ Notary Public

The State of Tennessee and the Tennessee Alcoholic Beverage Commission are Equal Opportunity Employers. Discrimination, in any of its practices, which is based on age, race, sex, color, religion, national origin, disabling condition or any other non-merit factor is prohibited. Thus, the Tennessee Alcoholic Beverage Commission is an equal opportunity, equal access, affirmative action public entity.

FOR ADDITIONAL INFORMATION:

Contact the agency ADA Coordinator for this state agency: Assistant Director at 615-741-1602 or the Tennessee Office of Americans with Disabilities, Department of Personnel. Alternate formats of this notice are available on request.